

## HISTORY FACILITY PROFILE

CASTLEVIEW HOSP TRANS CARE CEN  
300 NORTH HOSPITAL DRIVE  
PRICE UT 84501  
STATE'S REGION CODE: 001

PROVIDER #: 465135  
PHONE NUMBER: (435) 637-4800  
PARTICIPATION DATE: 07/02/1993  
CERTIFIED: 8

TYPE ACTION: RECERTIFICATION  
TOTAL: 8  
TYPE OWNERSHIP: FOR PROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

## RESIDENT CENSUS ON 07/18/2002

TOTAL: 6  
MEDICARE: 5  
MEDICAID: 0  
OTHER: 1

## LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 8

18 18/19 19 ICF/MR  
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8

## CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3 SURVEY 11/1999	S/S CODE	PRIOR 2 SURVEY 11/2000	S/S CODE	PRIOR 1 SURVEY 08/2001	S/S CODE	CURRENT SURVEY 07/18/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
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\*\*\* NO DEFICIENCIES WERE FOUND \*\*\*

## EDITION OF LSC APPLIED

85 NEW PRIOR 3 SURVEY 11/1999	85 NEW PRIOR 2 SURVEY 11/2000	85 NEW PRIOR 1 SURVEY 08/2001	85 NEW CURRENT SURVEY 07/22/2002	PLAN/DATE OF CORRECTION
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X	X	X	X P	07/23/2002
		X		
		X		
		X		
X	X		X P	07/23/2002

## LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS  
K0056-AUTOMATIC SPRINKLER SYSTEM  
K0062-SPRINKLER SYSTEM MAINTENANCE  
K0072-FURNISHING AND DECORATIONS  
K0076-MEDICAL GAS SYSTEM  
K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	0	0	0	0
HEALTH TOTAL	0	0	0	0
LIFE SAFETY CODE	2	4	2	2
LIFE SAFETY CODE + HEALTH	2	4	2	2

## COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

## FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT